

October 23, 2006

Office of General Counsel
Federal Election Commission
999 E Street NW
Washington, DC 20463

MUR # 5862

RECEIVED
FEDERAL ELECTION
COMMISSION
OFFICE OF GENERAL
COUNSEL

OCT 24 1P 4 28

RE Formal Complaint Regarding Friends of Joe Lieberman
(Committee ID C00235515)

Dear General Counsel

Please accept this letter as a formal complaint regarding the apparent violation of Title 11 of the Code of Federal Regulations, section 102.11, by the Friends of Joe Lieberman committee, and Joseph I. Lieberman, individually. As set forth more fully below, the Lieberman committee has failed to account for more than \$387,000.00 in supposed petty cash expenditures in violation of 11 C.F.R. §102.11. On behalf of the citizens of Connecticut and all federal taxpayers, it is hereby alleged

Title 11 C.F.R. §102.11 (2 U.S.C. 432(h)(2)) (Petty Cash Fund) provides

A political committee may maintain a petty cash fund out of which it may make expenditures not in excess of \$100 to any person per purchase or transaction. If a petty cash fund is maintained, it shall be the duty of the treasurer of the political committee to keep and maintain a written journal of all disbursements. This written journal shall include the name and address of every person to whom any disbursement is made, as well as the date, amount, and purpose of such disbursement. In addition, if any disbursement is made for a candidate, the journal shall include the name of that candidate and the office (including State and Congressional district) sought by such candidate.

The Friends of Joe Lieberman committee, and Joseph I. Lieberman, individually have violated the clear and unambiguous terms of 11 C.F.R. §102.11 in at least the following three ways:

First, according to the FEC October Quarterly report filed on October 13, 2006, the Lieberman campaign has petty cash disbursements amounting to \$387,561.00, which is roughly 8 percent of its total disbursements, or one out of every twelve dollars spent. On several occasions, petty cash disbursements greater than \$100 were reported, as supposed payment for "volunteers." As summary of these disbursements from the Friends of Joe Lieberman report is attached hereto. These disbursements reflect patent violations of 11 C.F.R. §102.11.

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Second, the report does not include the name and address of every person to whom any disbursement is made, as well as the date, amount, and purpose of such disbursement Again, Friends of Joe Lieberman stands in clear violation of 11 C F R §102 11

Third, and perhaps most troubling, the Associated Press reported earlier today that Lieberman spokeswoman Tammy Sun claims the cash was supposedly used pay to field coordinators who then distributed money to workers who were canvassing (Andrew Miga, *Lamont Questions Lieberman's Spending*, October 23, 2006) There is no evidence that the Lieberman committee kept and maintained a written journal of any kind regarding these disbursements as required by 11 C F R §102 11 As I am sure you are aware, the rationale for this regulation is to, among other things, prevent the creation and utilization of slush funds for illicit purposes The \$387,561 00 involved here is a sum of supposed petty cash expenditures unprecedented in any race in our state's history The Lieberman campaign's patent disregard for this regulation calls for the immediate investigation of this matter by your office to ensure that the voters of Connecticut can be fairly informed about the conduct of their elected officials

I would appreciate you contacting me to confirm receipt of this complaint

I thank you in advance for your attention to this pressing matter

Sincerely Yours,


Thomas Swan

300 Research Parkway, Suite 102
Meriden, CT 06450

Subscribed and sworn to by [insert name] before me on [insert date], in [venue] County, Connecticut

Signature of notary Cynthia F. Graham

Printed name of notary Cynthia F. Graham

County of Commission New Haven

Commission Expiration Date _____

CYNTHIA F. GRAHAM
NOTARY PUBLIC
MY COMMISSION EXPIRES APR 30, 2011

29044232588

To: Alva Dejunatt-Miller	Ned Lamont for Senate Headquarters 300 Research Parkway Suite 102 Meriden, CT 06450 Phone: 203-634-6601 Fax: 203-634-6883
Fax number: 202-219-3923	
Date: 10/27/06	
Regarding: Joe Lieberman FEC complaint Attachment.	
Comments: Here are the relevant pages: \$387,561 in Petty Cash.	

14 pages (incl. cover sheet)

RECEIVED
FEDERAL ELECTION
COMMISSION
OFFICE OF GENERAL
COUNSEL

2006 OCT 27 P 1:14

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REC'D
FEDERAL BUREAU OF INVESTIGATION
OFFICE OF GENERAL COUNSEL

SCHEDULE B (FD-Form 3) ITINERARIZED DISBURSEMENTS **2005** **UNIT/UNIT**

Any disbursement reported hereunder represents a disbursement made by the person or persons in the position of authority in the organization (or organizations) for the purpose of carrying out the mission of the organization (or organizations) and is not a disbursement made for the personal use of any individual. The person or persons in the position of authority in the organization (or organizations) shall certify that the disbursement was made for the purpose of carrying out the mission of the organization (or organizations) and is not a disbursement made for the personal use of any individual.

NAME OF DISBURSEMENT (UNIT) **UNITED STATES OF AMERICA**

Place of Disbursement, 2005 **UNITED STATES OF AMERICA**

All disbursements must be reported hereunder.

A. Office Disbursement

Disbursement **UNITED STATES OF AMERICA**

City **UNITED STATES OF AMERICA** State **UNITED STATES OF AMERICA** Zip Code **UNITED STATES OF AMERICA**

Amount of Disbursement (UNIT) **UNITED STATES OF AMERICA**

Disbursement Type **UNITED STATES OF AMERICA**

Disbursement Category **UNITED STATES OF AMERICA**

Disbursement Subcategory **UNITED STATES OF AMERICA**

Disbursement Description **UNITED STATES OF AMERICA**

Disbursement Date **UNITED STATES OF AMERICA**

Disbursement Amount **UNITED STATES OF AMERICA**

Disbursement Status **UNITED STATES OF AMERICA**

Disbursement Remarks **UNITED STATES OF AMERICA**

B. Field Disbursement

Disbursement **UNITED STATES OF AMERICA**

City **UNITED STATES OF AMERICA** State **UNITED STATES OF AMERICA** Zip Code **UNITED STATES OF AMERICA**

Amount of Disbursement (UNIT) **UNITED STATES OF AMERICA**

Disbursement Type **UNITED STATES OF AMERICA**

Disbursement Category **UNITED STATES OF AMERICA**

Disbursement Subcategory **UNITED STATES OF AMERICA**

Disbursement Description **UNITED STATES OF AMERICA**

Disbursement Date **UNITED STATES OF AMERICA**

Disbursement Amount **UNITED STATES OF AMERICA**

Disbursement Status **UNITED STATES OF AMERICA**

Disbursement Remarks **UNITED STATES OF AMERICA**

C. Other Disbursement

Disbursement **UNITED STATES OF AMERICA**

City **UNITED STATES OF AMERICA** State **UNITED STATES OF AMERICA** Zip Code **UNITED STATES OF AMERICA**

Amount of Disbursement (UNIT) **UNITED STATES OF AMERICA**

Disbursement Type **UNITED STATES OF AMERICA**

Disbursement Category **UNITED STATES OF AMERICA**

Disbursement Subcategory **UNITED STATES OF AMERICA**

Disbursement Description **UNITED STATES OF AMERICA**

Disbursement Date **UNITED STATES OF AMERICA**

Disbursement Amount **UNITED STATES OF AMERICA**

Disbursement Status **UNITED STATES OF AMERICA**

Disbursement Remarks **UNITED STATES OF AMERICA**

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SCHEDULE B (FD-Form 3) ITINERARIZED DISBURSEMENTS **2005** **UNIT/UNIT**

Any disbursement reported hereunder represents a disbursement made by the person or persons in the position of authority in the organization (or organizations) for the purpose of carrying out the mission of the organization (or organizations) and is not a disbursement made for the personal use of any individual. The person or persons in the position of authority in the organization (or organizations) shall certify that the disbursement was made for the purpose of carrying out the mission of the organization (or organizations) and is not a disbursement made for the personal use of any individual.

NAME OF DISBURSEMENT (UNIT) **UNITED STATES OF AMERICA**

Place of Disbursement, 2005 **UNITED STATES OF AMERICA**

All disbursements must be reported hereunder.

A. Office Disbursement

Disbursement **UNITED STATES OF AMERICA**

City **UNITED STATES OF AMERICA** State **UNITED STATES OF AMERICA** Zip Code **UNITED STATES OF AMERICA**

Amount of Disbursement (UNIT) **UNITED STATES OF AMERICA**

Disbursement Type **UNITED STATES OF AMERICA**

Disbursement Category **UNITED STATES OF AMERICA**

Disbursement Subcategory **UNITED STATES OF AMERICA**

Disbursement Description **UNITED STATES OF AMERICA**

Disbursement Date **UNITED STATES OF AMERICA**

Disbursement Amount **UNITED STATES OF AMERICA**

Disbursement Status **UNITED STATES OF AMERICA**

Disbursement Remarks **UNITED STATES OF AMERICA**

B. Field Disbursement

Disbursement **UNITED STATES OF AMERICA**

City **UNITED STATES OF AMERICA** State **UNITED STATES OF AMERICA** Zip Code **UNITED STATES OF AMERICA**

Amount of Disbursement (UNIT) **UNITED STATES OF AMERICA**

Disbursement Type **UNITED STATES OF AMERICA**

Disbursement Category **UNITED STATES OF AMERICA**

Disbursement Subcategory **UNITED STATES OF AMERICA**

Disbursement Description **UNITED STATES OF AMERICA**

Disbursement Date **UNITED STATES OF AMERICA**

Disbursement Amount **UNITED STATES OF AMERICA**

Disbursement Status **UNITED STATES OF AMERICA**

Disbursement Remarks **UNITED STATES OF AMERICA**

C. Other Disbursement

Disbursement **UNITED STATES OF AMERICA**

City **UNITED STATES OF AMERICA** State **UNITED STATES OF AMERICA** Zip Code **UNITED STATES OF AMERICA**

Amount of Disbursement (UNIT) **UNITED STATES OF AMERICA**

Disbursement Type **UNITED STATES OF AMERICA**

Disbursement Category **UNITED STATES OF AMERICA**

Disbursement Subcategory **UNITED STATES OF AMERICA**

Disbursement Description **UNITED STATES OF AMERICA**

Disbursement Date **UNITED STATES OF AMERICA**

Disbursement Amount **UNITED STATES OF AMERICA**

Disbursement Status **UNITED STATES OF AMERICA**

Disbursement Remarks **UNITED STATES OF AMERICA**

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ACHIEVING A NEW FORM OF REINFORCED CONCRETE

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Before applying this formula, read the instructions.

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CONFIDENTIAL

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209	Married	Area	State	County	City	Zip	Amount of Contribution \$20,000	2000/07
Purpose of Contribution Supporting Voluntary () Candidate Name								<input type="checkbox"/> Indicate an Interest in Return VI 07/01, 02/03
Candidate's PC		Candidate's PC		Candidate's PC		Candidate's PC		STAFF/BOARD/PC/LL/NG/REG
Name Position		Name Position		Name Position		Name Position		STAFF/BOARD/PC/LL/NG/REG

Max

[illegible]

WORKING WITH THE POLICE

[illegible]

CHINA

Wages at 10 cents per hour, 1931

SCHEDULE B (SEC Form 3)
ITEMIZED CHARITABLE CONTRIBUTIONS

[illegible]

Time spent with family

[illegible]

EVERY CANTHARIDINATE

[illegible]

Is There a Difference Between the Two?

City	State	Zip	Country	Postal Code
Harford	MD	21115		
Agency or School Name Western Piedmont College 2000 N. Main St. Winston-Salem, NC 27106				
Telephone Number (704) 735-1234				
Fax Number (704) 735-1234				
E-mail Address wpc@wpc.edu				
Website www.wpc.edu				
Other Information We are a member of the National Association of Colleges and Universities (NACU)				

[illegible]

● 2006年10月1日起，凡在境内销售货物或提供应税劳务、服务的企业，其开具的增值税专用发票，必须通过增值税防伪税控系统开具。

1. DATE _____ 2. NAME _____ 3. ADDRESS _____ 4. CITY _____ 5. STATE _____ 6. ZIP _____ 7. PHONE _____ 8. FAX _____ 9. E-MAIL _____ 10. WEBSITE _____ 11. OTHER _____ 12. REMARKS _____ 13. DATE _____ 14. NAME _____ 15. ADDRESS _____ 16. CITY _____ 17. STATE _____ 18. ZIP _____ 19. PHONE _____ 20. FAX _____ 21. E-MAIL _____ 22. WEBSITE _____ 23. OTHER _____ 24. REMARKS _____ 25. DATE _____ 26. NAME _____ 27. ADDRESS _____ 28. CITY _____ 29. STATE _____ 30. ZIP _____ 31. PHONE _____ 32. FAX _____ 33. E-MAIL _____ 34. WEBSITE _____ 35. OTHER _____ 36. REMARKS _____ 37. DATE _____ 38. NAME _____ 39. ADDRESS _____ 40. CITY _____ 41. STATE _____ 42. ZIP _____ 43. PHONE _____ 44. FAX _____ 45. E-MAIL _____ 46. WEBSITE _____ 47. OTHER _____ 48. REMARKS _____ 49. DATE _____ 50. NAME _____ 51. ADDRESS _____ 52. CITY _____ 53. STATE _____ 54. ZIP _____ 55. PHONE _____ 56. FAX _____ 57. E-MAIL _____ 58. WEBSITE _____ 59. OTHER _____ 60. REMARKS _____ 61. DATE _____ 62. NAME _____ 63. ADDRESS _____ 64. CITY _____ 65. STATE _____ 66. ZIP _____ 67. PHONE _____ 68. FAX _____ 69. E-MAIL _____ 70. WEBSITE _____ 71. OTHER _____ 72. REMARKS _____ 73. DATE _____ 74. NAME _____ 75. ADDRESS _____ 76. CITY _____ 77. STATE _____ 78. ZIP _____ 79. PHONE _____ 80. FAX _____ 81. E-MAIL _____ 82. WEBSITE _____ 83. OTHER _____ 84. REMARKS _____ 85. DATE _____ 86. NAME _____ 87. ADDRESS _____ 88. CITY _____ 89. STATE _____ 90. ZIP _____ 91. PHONE _____ 92. FAX _____ 93. E-MAIL _____ 94. WEBSITE _____ 95. OTHER _____ 96. REMARKS _____ 97. DATE _____ 98. NAME _____ 99. ADDRESS _____ 100. CITY _____ 101. STATE _____ 102. ZIP _____ 103. PHONE _____ 104. FAX _____ 105. E-MAIL _____ 106. WEBSITE _____ 107. OTHER _____ 108. REMARKS _____ 109. DATE _____ 110. NAME _____ 111. ADDRESS _____ 112. CITY _____ 113. STATE _____ 114. ZIP _____ 115. PHONE _____ 116. FAX _____ 117. E-MAIL _____ 118. WEBSITE _____ 119. OTHER _____ 120. REMARKS _____ 121. DATE _____ 122. NAME _____ 123. ADDRESS _____ 124. CITY _____ 125. STATE _____ 126. ZIP _____ 127. PHONE _____ 128. FAX _____ 129. E-MAIL _____ 130. WEBSITE _____ 131. OTHER _____ 132. REMARKS _____ 133. DATE _____ 134. NAME _____ 135. ADDRESS _____ 136. CITY _____ 137. STATE _____ 138. ZIP _____ 139. PHONE _____ 140. FAX _____ 141. E-MAIL _____ 142. WEBSITE _____ 143. OTHER _____ 144. REMARKS _____ 145. DATE _____ 146. NAME _____ 147. ADDRESS _____ 148. CITY _____ 149. STATE _____ 150. ZIP _____ 151. PHONE _____ 152. FAX _____ 153. E-MAIL _____ 154. WEBSITE _____ 155. OTHER _____ 156. REMARKS _____ 157. DATE _____ 158. NAME _____ 159. ADDRESS _____ 160. CITY _____ 161. STATE _____ 162. ZIP _____ 163. PHONE _____ 164. FAX _____ 165. E-MAIL _____ 166. WEBSITE _____ 167. OTHER _____ 168. REMARKS _____ 169. DATE _____ 170. NAME _____ 171. ADDRESS _____ 172. CITY _____ 173. STATE _____ 174. ZIP _____ 175. PHONE _____ 176. FAX _____ 177. E-MAIL _____ 178. WEBSITE _____ 179. OTHER _____ 180. REMARKS _____ 181. DATE _____ 182. NAME _____ 183. ADDRESS _____ 184. CITY _____ 185. STATE _____ 186. ZIP _____ 187. PHONE _____ 188. FAX _____ 189. E-MAIL _____ 190. WEBSITE _____ 191. OTHER _____ 192. REMARKS _____ 193. DATE _____ 194. NAME _____ 195. ADDRESS _____ 196. CITY _____ 197. STATE _____ 198. ZIP _____ 199. PHONE _____ 200. FAX _____ 201. E-MAIL _____ 202. WEBSITE _____ 203. OTHER _____ 204. REMARKS _____ 205. DATE _____ 206. NAME _____ 207. ADDRESS _____ 208. CITY _____ 209. STATE _____ 210. ZIP _____ 211. PHONE _____ 212. FAX _____ 213. E-MAIL _____ 214. WEBSITE _____ 215. OTHER _____ 216. REMARKS _____ 217. DATE _____ 218. NAME _____ 219. ADDRESS _____ 220. CITY _____ 221. STATE _____ 222. ZIP _____ 223. PHONE _____ 224. FAX _____ 225. E-MAIL _____ 226. WEBSITE _____ 227. OTHER _____ 228. REMARKS _____ 229. 	
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SCHEDULE 5 (SEC FORM 5)
INTERESTED PERSONS

SCHEDULE B (FEC Form 2) ITEMIZED DISBURSEMENTS				DATE 1987 JAN
Any disbursement reported from each campaign and committee may not be subject to mandatory reporting for disbursement of political contributions for the purpose of the Federal Election Campaign Act, 52 USC 30410, 30421, 30422, 30423, 30424, 30425, 30426, 30427, 30428, 30429, 30430, 30431, 30432, 30433, 30434, 30435, 30436, 30437, 30438, 30439, 30440, 30441, 30442, 30443, 30444, 30445, 30446, 30447, 30448, 30449, 30450, 30451, 30452, 30453, 30454, 30455, 30456, 30457, 30458, 30459, 30460, 30461, 30462, 30463, 30464, 30465, 30466, 30467, 30468, 30469, 30470, 30471, 30472, 30473, 30474, 30475, 30476, 30477, 30478, 30479, 30480, 30481, 30482, 30483, 30484, 30485, 30486, 30487, 30488, 30489, 30490, 30491, 30492, 30493, 30494, 30495, 30496, 30497, 30498, 30499, 30500, 30501, 30502, 30503, 30504, 30505, 30506, 30507, 30508, 30509, 30510, 30511, 30512, 30513, 30514, 30515, 30516, 30517, 30518, 30519, 30520, 30521, 30522, 30523, 30524, 30525, 30526, 30527, 30528, 30529, 30530, 30531, 30532, 30533, 30534, 30535, 30536, 30537, 30538, 30539, 30540, 30541, 30542, 30543, 30544, 30545, 30546, 30547, 30548, 30549, 30550, 30551, 30552, 30553, 30554, 30555, 30556, 30557, 30558, 30559, 30560, 30561, 30562, 30563, 30564, 30565, 30566, 30567, 30568, 30569, 30570, 30571, 30572, 30573, 30574, 30575, 30576, 30577, 30578, 30579, 30580, 30581, 30582, 30583, 30584, 30585, 30586, 30587, 30588, 30589, 30590, 30591, 30592, 30593, 30594, 30595, 30596, 30597, 30598, 30599, 30600, 30601, 30602, 30603, 30604, 30605, 30606, 30607, 30608, 30609, 30610, 30611, 30612, 30613, 30614, 30615, 30616, 30617, 30618, 30619, 30620, 30621, 30622, 30623, 30624, 30625, 30626, 30627, 30628, 30629, 30630, 30631, 30632, 30633, 30634, 30635, 30636, 30637, 30638, 30639, 30640, 30641, 30642, 30643, 30644, 30645, 30646, 30647, 30648, 30649, 30650, 30651, 30652, 30653, 30654, 30655, 30656, 30657, 30658, 30659, 30660, 30661, 30662, 30663, 30664, 30665, 30666, 30667, 30668, 30669, 30670, 30671, 30672, 30673, 30674, 30675, 30676, 30677, 30678, 30679, 30680, 30681, 30682, 30683, 30684, 30685, 30686, 30687, 30688, 30689, 30690, 30691, 30692, 30693, 30694, 30695, 30696, 30697, 30698, 30699, 30700, 30701, 30702, 30703, 30704, 30705, 30706, 30707, 30708, 30709, 30710, 30711, 30712, 30713, 30714, 30715, 30716, 30717, 30718, 30719, 30720, 30721, 30722, 30723, 30724, 30725, 30726, 30727, 30728, 30729, 30730, 30731, 30732, 30733, 30734, 30735, 30736, 30737, 30738, 30739, 30740, 30741, 30742, 30743, 30744, 30745, 30746, 30747, 30748, 30749, 30750, 30751, 30752, 30753, 30754, 30755, 30756, 30757, 30758, 30759, 30760, 30761, 30762, 30763, 30764, 30765, 30766, 30767, 30768, 30769, 30770, 30771, 30772, 30773, 30774, 30775, 30776, 30777, 30778, 30779, 30780, 30781, 30782, 30783, 30784, 30785, 30786, 30787, 30788, 30789, 30790, 30791, 30792, 30793, 30794, 30795, 30796, 30797, 30798, 30799, 30800, 30801, 30802, 30803, 30804, 30805, 30806, 30807, 30808, 30809, 30810, 30811, 30812, 30813, 30814, 30815, 30816, 30817, 30818, 30819, 30820, 30821, 30822, 30823, 30824, 30825, 30826, 30827, 30828, 30829, 30830, 30831, 30832, 30833, 30834, 30835, 30836, 30837, 30838, 30839, 30840, 30841, 30842, 30843, 30844, 30845, 30846, 30847, 30848, 30849, 30850, 30851, 30852, 30853, 30854, 30855, 30856, 30857, 30858, 30859, 30860, 30861, 30862, 30863, 30864, 30865, 30866, 30867, 30868, 30869, 30870, 30871, 30872, 30873, 30874, 30875, 30876, 30877, 30878, 30879, 30880, 30881, 30882, 30883, 30884, 30885, 30886, 30887, 30888, 30889, 30890, 30891, 30892, 30893, 30894, 30895, 30896, 30897, 30898, 30899, 30900, 30901, 30902, 30903, 30904, 30905, 30906, 30907, 30908, 30909, 30910, 30911, 30912, 30913, 30914, 30915, 30916, 30917, 30918, 30919, 30920, 30921, 30922, 30923, 30924, 30925, 30926, 30927, 30928, 30929, 30930, 30931, 30932, 30933, 30934, 30935, 30936, 30937, 30938, 30939, 30940, 30941, 30942, 30943, 30944, 30945, 30946, 30947, 30948, 30949, 30950, 30951, 30952, 30953, 30954, 30955, 30956, 30957, 30958, 30959, 30960, 30961, 30962, 30963, 30964, 30965, 30966, 30967, 30968, 30969, 30970, 30971, 30972, 30973, 309				

**SCHEDULE B (PARTIAL) 1
MANEZO DISTURBAMENTO**

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ALL-NEW DISCOUNTS!

ALPHACORP DISCOUNT

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SCHEDULE B (FDC Form 3)
TECHNICAL DISCLOSURE STATEMENTS

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2070735

260220774800

CLINICAL SIGNIFICANCE OF SCHEDULE B STUDIES

[illegible]

085T / 442022

[illegible]

2302071500

DISCLOSURE B REG FORM 3) ITEMIZED DISBURSMENTS		FORM 100 (Rev. 10/89)	
Use separate columns for each category of disbursement for each category of the following categories:		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	
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Property of the Contractor, 10/1/89		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	
A. Advantage Report		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	
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State: NY		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	
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City: New York		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90	

SCHEDULE B (FEF Form 3) ITEMIZED CONTRIBUTIONS		FEDERAL GOVERNMENT (Check appropriate)		FEDERAL GOVERNMENT (Check appropriate)	
Use separate schedule for each contributor. Do not include contributions of Federal Government or State Government.		Use separate schedule for each contributor. Do not include contributions of Federal Government or State Government.		Use separate schedule for each contributor. Do not include contributions of Federal Government or State Government.	
<p>1. Name of Contributor: <u>Wm. C. Williams, Jr.</u></p> <p>2. Address: <u>20 Williams Ave.</u></p> <p>3. City: <u>NY</u> State: <u>NY</u> Zip: <u>10001</u></p> <p>4. Date of Contribution: <u>12/15/78</u></p> <p>5. Amount of Contribution: <u>\$100.00</u></p> <p>6. Method of Payment: <u>Cash</u></p> <p>7. Name of Recipient: <u>Wm. C. Williams, Jr.</u></p> <p>8. Address: <u>20 Williams Ave.</u></p> <p>9. City: <u>NY</u> State: <u>NY</u> Zip: <u>10001</u></p> <p>10. Date of Receipt: <u>12/15/78</u></p> <p>11. Amount of Receipt: <u>\$100.00</u></p> <p>12. Method of Payment: <u>Cash</u></p> <p>13. Name of Contributor: <u>Wm. C. Williams, Jr.</u></p> <p>14. Address: <u>20 Williams Ave.</u></p> <p>15. City: <u>NY</u> State: <u>NY</u> Zip: <u>10001</u></p> <p>16. Date of Contribution: <u>12/15/78</u></p> <p>17. Amount of Contribution: <u>\$100.00</u></p> <p>18. Method of Payment: <u>Cash</u></p> <p>19. Name of Recipient: <u>Wm. C. Williams, Jr.</u></p> <p>20. Address: <u>20 Williams Ave.</u></p> <p>21. City: <u>NY</u> State: <u>NY</u> Zip: <u>10001</u></p> <p>22. Date of Receipt: <u>12/15/78</u></p> <p>23. Amount of Receipt: <u>\$100.00</u></p> <p>24. Method of Payment: <u>Cash</u></p>					

[illegible]

28020771508

SCHEDULE B (SEC FORM 3)
ITEMIZED DONORMENTS

Use agency on behalf of (check appropriate box)
Donor's country code: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

Donor's name: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

Donor's address: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

Donor's city: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

Donor's state: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

Donor's zip: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

Donor's date: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

Donor's time: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

Donor's phone: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

Donor's fax: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

Donor's email: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

Donor's website: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

Donor's social media: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

Donor's other: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

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